



DEPARTMENT OF ADMINISTRATION



EDWARD M. BIRN
Director (Direktot)
BERNADINE C. GINES
Deputy Director
(Sigundo Direktot)

WAR CLAIMS ADJUDICATION COMMITTEE MEETING

LOURDES A.
LEON GUERRERO
Governor (Maga'h ga)
JOSHUA F. TENORIO
Lt. Governor
(Sigundo Maga'lahi)

PUBLIC NOTICE

MARCH 1, 2022 AT 5:00 PM

For those unable to attend virtually, a public viewing room will be open at the Guam Museum Multi-Purpose Room. Meeting will also be livestreamed on facebook.com/govlougum

AGENDA

- I. Roll Call
- II. Reading of Public Notice Dates for Meeting
- III. New Business
 - A. Announcement of Committee Members
 - B. Election of Chairperson
 - C. Review of Public Laws 36-62 and 36-73
 - D. Review of required application forms
 - E. Discuss committee responsibilities
 1. Publication of the Notice of Deadline for Filing Claim
 2. Determination of Eligibility
- IV. General Discussion/Announcements
 - A. Proposed next meeting date
- V. Adjournment

The complete application packet may be viewed on DOA's website at <https://doa.guam.gov/>.

Zoom Meeting Link:

<https://us02web.zoom.us/j/89384999213?pwd=ZXpKMjBVbG8rWWUxODhaM0pEYmVQUT09>

Meeting ID: 893 8499 9213 | Passcode: 692190

For more information and for special accommodations, please contact Naomi Sablan at 671-475-1179 | Email: naomi.sablan@doa.guam.gov

NO APPLICATIONS WILL BE ACCEPTED AT THIS TIME

This notice was paid for by the Department of Administration.

**GUAM WORLD
WAR II
RECONCILIATION
ACT OF 2021**

EXHIBIT A

Statement of Claim

STATEMENT OF CLAIM

FOR FILING OF CLAIMS IN THE GUAM CLAIMS PROGRAM PURSUANT TO THE GUAM WORLD WAR II RECONCILIATION ACT OF 2021

CONTACT INFORMATION

1. CLAIMANT

Full Name: _____ Date: _____
Last First M.I.

Mailing Address: _____
Street Address Apartment/Unit #

City State ZIP Code

DOB: _____ SSN _____

Phone #'s: _____ Email _____

2. LEGAL REPRESENTATIVE (if any)

Name of Legal Representative: _____
Last Name First Name MI

Name of Law Firm: _____

Street Address: _____

Phone #'s: _____ Email: _____

Notice of Disclosure: The information provided in this Statement of 25 Claim and in any attachments, and any material and information submitted relating to or in support of the claim, will be protected and kept confidential, except when public disclosure of such information is authorized under Public Law 36-62, Public Law 13 1 Law 35-61, Article 13.3 of Chapter 1, Title 5, Guam Code Annotated, or federal law. 2 Any decision issued by the Adjudication Committee in relation to this Statement of 3 Claim may be made publicly available after redacting all information exempted from 4 public disclosure by Public Law 36-62, Public Law 35-61, Article 13.3 of Chapter 5 1, Title 5, Guam Code Annotated, or federal law.

Initials & DOB: _____

BASIC CLAIM INFORMATION

3. TYPE OF CLAIM

I hereby submit a claim for payment under the Guam World War II Loyalty Recognition Act, Title XVII, Public Law 114-328 (December 23, 2016) as a: (check all that apply):

- ☐ Survivor of a Compensable Guam Decedent (Claimant is a spouse, child or parent of an individual who died as a result of the attack/ occupation/liberation of Guam)
- ☐ Compensable Guam Victim (Claimant suffered at least one of the following as a result of the attack/occupation/liberation of Guam: hiding to evade internment, internment, forced march, forced labor, personal injury, severe personal injury, or rape)

4. GUAM RESIDENCY

Have you ever been a resident of Guam? ☐ Yes ☐ No

If the above answer is "Yes," please provide the date(s) of residency (from/to). _____

5. CLAIM OF SURVIVOR OF COMPENSABLE GUAM DECEDENT

Complete this Section only if you are submitting a claim as a Survivor of a Compensable Guam Decedent.

5.1 Are you a spouse, child, or parent of an individual who died as a result of the attack and occupation of Guam by Imperial Japanese military forces during World War II, or incident to the liberation of Guam by United States military forces? If so, please respond to each question below. ☐ Yes ☐ No

5.2 Name of decedent: _____ 5.3 Date of Death: _____

5.4 Relation to decedent: _____ 5.5 Was the decedent a resident of Guam? ☐ Yes ☐ No


5.6 If the answer above is "Yes," please provide the date(s) of residency (from/to). _____

5.7 Identify all known survivors of the decedent who were living as of December 23, 2016, including, to the extent applicable, the decedent's spouse, children, and parents.

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

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Initials & DOB: _____



Complete this Section only if you are submitting a claim as a Compensable Guam Victim.

If YES, please respond to each question below.

Initials & DOB:

6.2 Internment

6.2.1 Were you interned as a result of the attack and occupation of Guam by Imperial Japanese military forces during World War II, or incident to the liberation of Guam by United States military forces? ☐ Yes ☐ No If yes, please respond to each questions below.

6.2.2 Please provide the approximate date(s) and location(s) of your interment.

6.2.3 Please provide a detailed account of the facts or circumstances relating to your internment and describe the conditions you experienced while interned. (Attach additional pages as necessary)

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Initials & DOB:

6.3 Forced March

6.3.1 Were you a victim of forced march as a result of the attack and occupation of Guam by Imperial Japanese military forces during World War II, or incident to the liberation of Guam by United States military forces? ☐ Yes ☐ No If yes, please respond to each questions below.

6.3.2 Please provide the approximate date(s) and location(s) where the forced march took place.

6.3.3 Please provide a detailed account of the facts or circumstances that resulted in the forced march and describe the conditions you experienced. Please specify the food, water, and clothing rations you received, the number of hours you were required to walk every day, and the provisions made for overnight or temporary accommodation. (Attach additional pages as necessary)

6.4 Forced Labor

6.4.1 Were you a victim of forced labor as a result of the attack and occupation of Guam by Imperial Japanese military forces during World War II, or incident to the liberation of Guam by United States military forces? ☐ Yes ☐ No If yes, please respond to each questions below.

6.4.2 Please provide the approximate date(s) and location(s) where labor was performed.

6.4.3 Please provide your age at the time the labor was performed. _____

6.4.4 Did you receive compensation for your labor? ☐ Yes ☐ No

6.4.5 Please provide a detailed description of the type of labor that you performed and the conditions you experienced at your place(s) of labor. Please specify whether your labor had direct relation to war operations. (Attach additional pages as necessary):

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Initials & DOB: _____

6.5 Personal Injury

6.5.1 Did you suffer a personal injury as a result of the attack and occupation of Guam by Imperial Japanese military forces during World War II, or incident to the liberation of Guam by United States military forces? ☐ Yes ☐ No If so, please respond to each question below.

6.5.2 Please identify the injury that you suffered (check all that apply) and provide the date and place of injury. If your injury is not listed, please enter it in the space provided at the end of the chart below.

Type of Injury	Approximate Date of Injury	Place of Injury
<input type="checkbox"/> Dismemberment		
<input type="checkbox"/> Loss of Limb		
<input type="checkbox"/> Paralysis		
<input type="checkbox"/> Disfigurement		
<input type="checkbox"/> Burns		
<input type="checkbox"/> Scarring		
<input type="checkbox"/> Other (Please Specify)		
<input type="checkbox"/> Other (Please Specify)		

6.5.3 Please provide a detailed description of the nature and extent of your injury, the cause of your injury (if known), and the circumstances under which it occurred. You may also attach to this claim form any other evidence, including photographic evidence, that you believe supports your answers to the above questions. (Attach additional pages as necessary)



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Initials & DOB:

6.5.4 Did your injury require treatment? ☐ Yes ☐ No

6.5.5 If the answer is "Yes," where were you treated and what kind of treatment did you receive?

6.6 Rape

6.6.1 Were you the victim of rape as a result of the attack and occupation of Guam by Imperial Japanese military forces during World War II, or incident to the liberation of Guam by United States military forces? ☐ Yes ☐ No If so, please respond to each question below.

6.6.2 Please provide the approximate date(s) and location(s) of your injury.

6.6.3 Please provide a detailed account of your injury and the facts and circumstances relating to it. (Attach additional pages as necessary)

6.7 Level of Payment Sought

Please specify the level of payment sought for your Compensable Guam Victim claim.

- ☐ \$10,000 - Forced march, internment, or hiding to evade internment
- ☐ \$12,000 - Forced labor or personal injury (such as disfigurement, scarring, or burns)
- ☐ \$15,000 - Severe personal injury (such as loss of limb, dismemberment, or paralysis) or rape

7. PRIOR RECEIPT OF COMPENSATION

Have you or anyone else received any compensation from any source with respect to the subject matter of this claim, including amounts paid under the Guam Meritorious Claims Act of 1945 (Public Law 79-224)? ☐ Yes ☐ No If yes, please respond to each question below.

If the answer is "Yes," state the date of receipt, source, and amount of compensation.

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Initials & DOB: _____

8. NOTICE OF DISCLOSURE

The information provided in this Statement of 25 Claim and in any attachments, and any material and information submitted relating 26 to or in support of the claim, will be protected and kept confidential, except when 27 public disclosure of such information is authorized under Public Law 36-62, Public 13 1 Law 35-61, Article 13.3 of Chapter 1, Title 5, Guam Code Annotated, or federal law. 2 Any decision issued by the Adjudication Committee in relation to this Statement of 3 Claim may be made publicly available after redacting all information exempted from 4 public disclosure by Public Law 36-62, Public Law 35-61, Article 13.3 of Chapter 5 1, Title 5, Guam Code Annotated, or federal law.

9. SIGNATURE AND AFFIDAVIT

NOTE--This Statement of Claim must be signed in the presence of a legally-commissioned notary public.

I, _____, do solemnly swear (or affirm), under penalty of perjury, that the answers that I have provided to the questions set forth in this Statement of Claim, and any attachments hereto, are true and correct, and made with full knowledge of the fact that penalties involving fines and imprisonment are prescribed by various statutes of the United States for making a false statement.

Signature of Claimant

Date

SUBSCRIBED and SWORN TO (or AFFIRMED) before me this _____ day of _____, 20____.

At _____

(City)

(State or Territory)

NOTARY PUBLIC

My commission expires: _____

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Initials & DOB: _____

EXHIBIT B

Beneficiary Designation

GUAM WORLD WAR II RECONCILIATION ACT OF 2021

Beneficiary Designation Form

CLAIMANT Information

Your Name:

Date:

SSN:

DOB:

Claim#:

Control#

DEFINITIONS

PRIMARY BENEFICIARY(IES): I hereby designate the person or entity named below as primary beneficiary.

CONTINGENT BENEFICIARY(IES): If there are no primary beneficiary living at the time of my death, I hereby specify that the balance be distributed to the contingent beneficiary.

[PRIMARY] Designation of Beneficiary

Name	SSN/DOB	Mailing Address	Contact No.	Relationship

[CONTINGENT] Designation Beneficiary

Name	SSN/DOB	Mailing Address	Contact No.	Relationship

I understand that should I pass during the adjudication of my claim, it will be a one-time payout in the amount awarded by the Committee to the primary beneficiary identified below. If there are no primary beneficiary living at the time of my death, it will be paid out to the contingent beneficiary identified below. If no designated beneficiary survives me, or if no beneficiary designation is in effect at my death, the account balance(s) will be paid to my spouse, or if I am not survived by a spouse, to my estate. I am aware that this form replaces all prior beneficiary designations for the account(s) listed on this form, becomes effective when received and accepted by [AGENCY], and will remain in effect until I deliver to [AGENCY] another designation form with a later date.

PRINT Name

SIGNATURE

Date

Signature of Plan Administrator or Notary Public

Date

Notary Title/Commission

Expiration Date

EXHIBIT C

Proposed Decision

GUAM WORLD WAR II RECONCILIATION ACT 2021
GOVERNMENT OF GUAM

<u>In the Matter of the Claim of</u>	}	
	}	
	}	
	}	
CLAIMANT	}	Claim No. GWRA-XXXX
	}	
	}	Decision No. GWRA-XXXX
	}	
Under the Guam World War II Loyalty		
Recognition} Act, Title XVII, Public Law 114-328	}	
<u></u>	}	

PROPOSED DECISION

Claimant brings this claim under the Guam World War II Reconciliation Act for injuries suffered as a result of the occupation of Guam by Imperial Japanese military forces during World War II. The Act authorizes the Adjudication Committee (The Committee) to award compensation to “compensable Guam victims,” who failed to meet the (1) year filing deadline under Section 1705(b)(2) of U.S. Public Law 114-328 as defined as those individuals who

(1) were alive on December 23, 2016, and (2) are determined to have suffered any of the following as a result of the attack and occupation of Guam by Imperial Japanese military forces during World War II, or incident to the liberation of Guam by United States military forces: rape, severe personal injury, personal injury, forced labor, forced march, internment, and hiding to evade internment.²

The Committee finds, based on the affidavit included with Claimant’s claim form, and public records from the Social Security Administration and other government agencies, that Claimant was living on December 23, 2016, and that Claimant suffered a personal

injury and/or was subjected to forced labor by Imperial Japanese forces during the invasion and occupation of Guam by Japan during World War II. Claimant's sworn statements are consistent with the public record and evidence in other claims filed in this claims program, which show that Imperial Japanese forces subjected thousands of Guamanians to forced labor during the occupation, and that many Guamanians suffered personal injuries.³ Section 1705(b)(9) of the GLRA provides that the Committee "shall treat a claim that is accompanied by an affidavit of an individual that attests to all material facts required for establishing the eligibility of such individual for payment . . . as establishing a prima facie case of the eligibility of the individual for such payment without the need for further documentation, except as the Committee may otherwise require."⁴ In the absence of rebutting evidence, Claimant's sworn statements averring that Claimant suffered one or more of these injuries are sufficient, under the statutorily promulgated standards, to establish Claimant's eligibility for compensation.⁵

A claimant who establishes a meritorious claim as a "compensable Guam victim" under Section 1704(a)(1)(B) of the GLRA for forced labor and/or personal injury but who neither asserts nor establishes any of the injuries set forth in Section 1704(c)(2)(A) (rape and severe personal injury) is entitled to a single payment of \$_____ and is not eligible for compensation for internment, hiding to evade internment, or forced march.⁶ Claimant is thus entitled to a payment of \$_____.⁷

Pursuant to the GLRA, the Committee is required to deduct, from a payment made to a compensable Guam victim, amounts paid to such victim under the Guam Meritorious

Claims Act of 1945, Public Law 79-224,⁸ before the date of the enactment of the GLRA.⁹ The evidence in the record, however, does not show that the United States Government has provided Claimant any compensation under the 1945 Act. Therefore, no deduction in payment will be made from Claimant's award.

In summary, Claimant is entitled to an award of \$_____. This amount constitutes the entirety of the compensation to which Claimant is entitled under the GLRA.¹⁰ The Committee hereby enters the following award, which will be certified to the Secretary of the Treasury for payment under Section 1705 of the GLRA.¹¹

AWARD

Claimant is entitled to an award in the amount of \$_____.

**This decision was entered as the
Committee's Final Decision on**

Date:_____

☐ I hereby acknowledge and agree to the amount awarded by the Committee as described above and request to process payout without any objections. Claimants are required to complete and submit the EFT form attached.

☐ I DO NOT agree to the amount awarded by the Committee as described above and acknowledge I have 15 days to file any objections. Please see attached objection filing procedures.

Print Name

Signature

Date

NOTICE: Pursuant to the Regulations of the Committee, any objections must be filed within 15 days of date decision was entered above of this Proposed Decision. Absent objection, this decision will be entered as the Final Decision of the Committee upon the expiration of 30 days after delivery, unless the Committee otherwise orders. GAC Regulations

⁸ See An Act: For the relief of the residents of Guam through the settlement of meritorious claims, ch. 483, Pub. L. 79-224, 59 Stat. 582 (1945).

⁹ See Guam World War II Loyalty Recognition Act § 1705(b)(4).

¹⁰ Under the GLRA, interest is not available on payments made by the Committee under Section 1704.

EXHIBIT D

Electronic Fund Transfer Form



GOVERNMENT OF GUAM
DEPARTMENT OF ADMINISTRATION
DIVISION OF ACCOUNTS
P.O. Box 884, Hagatna, GU 96932 Tel: 671-475-1228



**GUAM WORLD WAR II RECONCILIATION ACT 2021
EFT ESTABLISHMENT REQUEST**

To: Accounts Payable Section

From: _____

Subject: Request for establishment of vendor number or change of vendor record.

This is a request for the establishment of vendor number or the change of vendor record for the following:

☐

NEW VENDOR

☐

CHANGE OF VENDOR RECORD

NAME			
MAILING ADDRESS			
CONTACT NUMBER		ALTERNATE NUMBER	
EMAIL ADDRESS			

ELECTRONIC FUNDS TRANSFER (EFT) INFORMATION	Please check one: <input type="checkbox"/> SAVINGS <input type="checkbox"/> CHECKING
BANK NAME:	ROUTING NUMBER
BANK ADDRESS:	ACCOUNT NUMBER:
Required Documents: Voided Check or Personalized Deposit Slip or a Bank Verification and a copy of a valid ID	
Existing Vendor Number:	

¹ The undersigned confirms its account number and title named above and hereby acknowledged that the undersigned has no enforceable right in, or to Department of Administration. The undersigned also has read and understood 4 GCA §8169 which state:

Any person who knowingly makes any false statement or falsifies or permits to be falsified, any record or records of this system, in any attempt to defraud the system, is guilty of a misdemeanor and shall be punishable therefore under the laws of the government of Guam, and the system shall have the right to recover any payments made under false representations.

PRINT NAME

SIGNATURE

DATE

NOTE: Please attach all required supporting documentation. Incomplete requests will not be processed and may create unnecessary delays in the vendor establishment process.

DEPARTMENT OF ADMINISTRATION	
<div>Vendor Number</div>	Established by: _____ <i>Signature</i>
	_____ <i>Date</i>